

# Payment to Agency Report

## A Public Document

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San Jose City  
Date Stamp  
2019 MAR -7 PM 12:22  
California 801  
Form  
For Official Use Only

### 1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Housing Department

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

(408) 975-4435

Email

selena.copeland@sanjoseca.gov

Agency Contact (name and title)

Selena Copeland, Staff Specialist

☐ Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

### 2. Donor Name and Address

☐ Individual \_\_\_\_\_ ☒ Other \_\_\_\_\_ Policy Link \_\_\_\_\_  
Last Name First Name Name  
1438 Webster St., Suite 303 Oakland CA 94612  
Address City State Zip Code

Policy Link is a national research & action institute advancing racial & economic equity by lifting up what works.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

————— \$ ————— Name ————— \$ —————  
Name Amount Name Amount

### 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

#### 3.1 (a) Travel Payment

Austin, Texas

Location of Travel

11/12/18 - 11/14/18

Dates (month, day, year)

Southwest Airlines

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

W. Austin

Name of Lodging Facility

\$ 349.00

Lodging Expenses

\$ 50.00

Meal Expenses

\$ 484.97

Transportation Expenses

\$ \_\_\_\_\_

Other Expenses

\$ 883.97

Total Expenses

#### 3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)

\$ \_\_\_\_\_

Total Expenses

#### 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Attend the All In Cities Anti-Displacement Policy Network to build a vision on fighting displacement to build prosperous cities.

#### 3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Joanino

Last Name

Jacklyn

First Name

Development Officer

Position/Title

Housing

Department/Division

Last Name

First Name

Position/Title

Department/Division

### 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

*[Signature]*

Signature

*[Print Name]*

Print Name

*[Title]*

Title

*[Date]*

(month, day, year)

Comment:

(Use this space or an attachment for any additional information)